

2010 CAP-MR/DD QUALIFICATIONS CHECKLIST

PROVIDER NAME:

Control #(s)								
Staff Name								
Date of Hire								
Date(s) of Service								
Paraprofessionals - HS Diploma/ GED								
AP/QPs - Degree/Experience								
<i>Before date of service:</i>								
Core Values								
Incident/Accident Reporting								
Overview of DD								
Interaction & communication								
Participants rights								
PC Thinking								
Role/Purpose Philosophy								
Service Documentation								
First Aid								
Current CPR								
Alternatives to Restrictive Intervention								
<i>Also:</i>								
Supervision Plan								
Supervision Plan Implemented								
Criminal Record Check								
HealthCare Registry Check								